Director's Signature: _____   **Time Log/Program / Area:** Drug Analysis Lab _____

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.
Supervisors must **initial and justify each occurrence** on the timesheet to confirm COM or OT hours for their staff.

Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Stevenson,Alan	Day: In – Out														
	Lunch: Out – In														
_____ Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount. Supervisor initials and justification code required for COM and OT approval.															
	Day: In – Out														
	Lunch: Out – In														
_____ Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount. Supervisor initials and justification code required for COM and OT approval.															
	Day: In – Out														
	Lunch: Out – In														
_____ Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount. Supervisor initials and justification code required for COM and OT approval.															
	Day: In – Out														
	Lunch: Out – In														
_____ Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount. Supervisor initials and justification code required for COM and OT approval.															

Justification codes: (I)T repair services required, I(T) malfunction- lab services required, (E)quipment malfunction- lab services required, (F)acilities malfunction- lab services required, (L)ate specimen arrival- services required, (A)fter hours specimen arrival- services required, (R)equired specimen testing in excess of staffing capabilities, (O)ther: make specific comment.